

Kansas Public Water Supply Loan Fund

Program Year 2006

Loan Application: **Part I of III**

City or RWD Name:

Date received by KDHE: _____

Name and title of contact person for this project:
(Should be an elected official or employee of the applicant.)

Project Number: _____

Street Address or Post Office Box:

City:

State, and Zip Code:

Tax-Identification Number:

Telephone Number:

Fax Number:

E-mail:

Mayor or Chairman:

Telephone Number:

Administrator/Supt. or Operator Manager:

Clerk / Bookkeeper:

Telephone Number:

Certified Operator:

Operator ID #:

Attorney:

Attorney Phone Number:

Auditor:

Auditor Phone Number:

Engineer:

Engineer Phone Number:

Please place a check mark in the space(s) next to the project type(s) which best describe your project:

1. _____ Emergency

4. _____ Plant Construction: Wells

2. _____ Plant Rehabilitation

5. _____ Water Storage

7. _____ Other

3. _____ Line Construction

6. _____ Line Rehabilitation

1. Provide a brief narrative of the proposed project:

2a. Provide estimated costs for the project by line item:

Construction Cost	_____	Other	_____
Engineering Design	_____	Contingencies	_____
Construction Engineering	_____	Legal & Abstracting	_____
Inspection	_____	Soils Investigations	_____
		Total Project Cost	_____

2b. Loan Origination & Financial Integrity Assurance Contract:

Non Taxing Applicants (RWD): Applicants Pledging Tax Authority (City):

Loan Reserve (10%)	_____	
Loan Origination Fee (0.25%)	_____	_____
F.I.A.C. (RWD Only 1%)	_____	
Total Loan Amount	\$ _____	\$ _____

Note: to determine the total loan amount when borrowing the loan reserve, Origination Fee, and F.I.A.C. divide the total project cost (subtracting other funding sources if any) by .8875. Use the total loan amount and the listed percentages to calculate the costs of the individual items. To determine the total loan amount when borrowing only the Origination Fee divide the total project cost (subtracting other funding sources if any) by .9975.

3. List all anticipated funding sources which are intended to be utilized to complete this project:

Amount of loan requested from the Kansas Public Water Supply Loan Fund	_____
Other Funding Source(s), if any _____	_____
Total Funding	\$ _____

4. What is the proposed project schedule? If dates are known, include them in the appropriate Column:

Proposed / Actual Date:

Notice of Public Hearing Application	_____
Date of Public Hearing	_____
Environmental Assessment	_____
Completion of Project Planning	_____
Plans Submitted to KDHE	_____
Bid Opening	_____
Notice of Award	_____
Start of Construction	_____
Completion of Construction	_____

5. List any major expansions and/or improvements in the existing system in the past 10 years:

Year:	Project Title / Description:
_____	_____
_____	_____
_____	_____

6. Number of Customers:

Year	Residential	Commercial	Other	Stock Water	Total
2004					
2003					
2002					
2001					
2000					

7. Present source of water and/or any contractual agreements (include water supply contract):

8. Does your water utility have any single customer which provides 5% or more of the utility's revenue from water sales? Yes____ No____ If YES, please provide name(s) of customer(s): _____

9. Have you distributed requests for the Environmental Assessment (Review)? Yes____ No____

If NO, are you in the process of preparing and submitting a review to agencies? Yes____ No____

10. Water Production History (previous 3 years):

Year	Gallons Produced/ Purchased	Gallons Sold	Gallons Flushed or Accounted For	Water Loss	Unaccounted for Water Loss Ratio
2004					
2003					
2002					

11. Sources of Revenue: Please attach the following information:

Most recently adopted water rate _____
Proposed water rate adjustment, if any _____

12. Are water revenues used to support other operations? Yes____ No____

13. Provide 2 copies from each of the last three years of financial statements (preferably audited): _____

14. Do you have general taxing powers, the ability to levy ad valorem property taxes? Yes____ No____

15. Have you issued bonds that were rated or insured? Yes____ No____

If YES, provide the date, rating, and agency or insurance: _____

16. Have you ever been delinquent or defaulted on any bond or loan payment? Yes____ No____

If YES, please attach a statement of explanation: _____

17. List Outstanding Debt / Lease (if any) AND attach payment schedule:

Lender / Bond Issue	Amount Outstanding	Payment Amount	Payment Frequency	Interest Rate	Years Remaining or Maturity

18. Assessed Valuation (for Cities):

Equalized Assessed Valuation of Taxable Tangible Property

Tangible Valuation of Motor Vehicles

Total Equalized Assessed Tangible Valuation

2002	2003	2004

I certify that I am authorized to sign this application on behalf of the governing body. To the best of my knowledge and belief, the data in this application is true and accurate.

Signature and Title of Authorized Official

Print or Type Name and Title

Attest: City Clerk or Secretary of RWD Board

Date

Note: Return Part I with 2 copies of the last three years of financial statements and any other attachments to:

KDHE, Attn: Water Supply Loan Fund, 1000 SW Jackson; Suite 420; Topeka, KS 66612-1367.

Kansas Public Water Supply Loan Fund

Program Year 2006

Loan Application: **Part II of III**

City or RWD Name:

Name and title of contact person for this project:
(Should be an elected official or employee of the applicant.)

Street Address or Post Office Box:

City: State, and Zip Code:

Telephone Number:

Fax Number:

E-mail:

<i>For Agency Use</i>	
Date received by KDHE:	_____
Project Number:	_____

1. Public hearing notice. The public hearing date for local participation/review of this project application was held on _____. Attach a copy of Proof of Publication 30 days prior the scheduled hearing and the minutes from the public hearing.
2. Attach resolution by the governing body of intent to proceed with project.
3. The applicant agrees to comply with relevant provisions of the Civil Rights Act of 1964, the Kansas Act against Discrimination, and the Americans with Disabilities Act.
4. Environmental Assessment has been completed: Yes_____ No_____
5. EPA Form 4700-4 has been completed and attached.

I certify that I am authorized to sign this application of behalf of the governing body. To the best of my knowledge, and belief, the data in Part I and Part II is true and accurate.

Signature and Title of Authorized Official

Print or Type Name and Title

Attest: by City or Secretary of RWD Board

Date

Note: Return this section with attachments to: **KDHE, Attn: Water Supply Loan Fund, 1000 SW Jackson; Suite 420; Topeka, KS 66612-1367.**
If you have any questions concerning this application, contact KDHE at 785-296-5514.

Kansas Public Water Supply Loan Fund

Program Year 2006

Loan Application: **Part III of III**

Part III of the Loan Application will address the technical and managerial capacity to ensure that the system meets present and foreseeable regulations.

City or RWD Name:

Name and title of contact person for this project:

Street Address or Post Office Box:

City: _____ State, and Zip Code: _____

Telephone Number:

Fax Number:

E-mail:

Date received by KDHE: _____

Project Number: _____

Technical Capacity requests information concerning adequacy of the water source or water purchase contracts and general information about the physical infrastructure aspect of the utility.

What is your water source? (Please check the appropriate boxes.)

Surface____ Ground____ Purchased____

Are water rights sufficient and secured?

Yes____ No____

Do you have a source water protection plan?

Yes____ No____

Do your operators have the appropriate level of certification?

Yes____ No____

Has your system had a violation of drinking water regulations in the last year?

Yes____ No____

Does your system have an operation and maintenance plan?

Yes____ No____

Managerial Capacity considers the accountability of the governing body. You should be aware of your responsibilities as an owner, council member or board member.

Does your system have a capital improvement plan that projects future capital needs for at least 5 years?

Yes____ No____

Does your system have written personnel policies?

Yes____ No____

Does your system include written job descriptions signed by the employees?

Yes____ No____

Does your system have formal operational policies (payments/collections, main extension connections)?

Yes____ No____

Does the governing body approve expenses prior to payment being issued?

Yes____ No____

Are at least two signatures required to purchase goods and services?

Yes____ No____

I certify that I am authorized to sign this application on behalf of the governing body. To the best of my knowledge and belief, the data in Part I, Part II, and Part III is true and accurate.

Signature and Title of Authorized Official

Print or Type Name and Title

Attest: by City or Secretary of RWD Board

Date